

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 152990

BIRTH NO. 19 09 AGE OF DEATH 18 AND 98 USUAL RESIDENCE 1-	1. PLACE OF DEATH A. COUNTY Nava jo		B. LENGTH OF STAY IN THIS TOWN 1 yr IN ARIZONA 38 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Nava jo	
	C. CITY OR TOWN Showlow		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Showlow <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION Palace Motel		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Palace Motel				
DECEDENT PERSONAL DATA 153 8 554	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) JAMES B. (MIDDLE) GRANT C. (LAST) SKOUSEN			4. SEX Male		5. COLOR OR RACE White
	6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) Married		7. DATE OF BIRTH MONTH DAY YEAR Oct 7 1900		8. AGE (IN YEARS LAST BIRTHDAY) 53	
	9B. KIND OF BUSINESS OR INDUSTRY Automobile		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY? USA	
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. Unknown		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Salesman	
14A. FATHER'S NAME J. N. Skousen		14B. BIRTHPLACE (STATE OR COUNTRY) Utah		15A. MOTHER'S MAIDEN NAME Ida Walser		15B. BIRTHPLACE (STATE OR COUNTRY) Utah
16. INFORMANT'S SIGNATURE Jerry Skousen		ADDRESS Chandler, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 5, 1954		
CAUSE OF DEATH (ITEM 18) 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Apparent Heart Attact 2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. 3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OPERATION					19B. MAJOR FINDINGS OF OPERATION
DEATH DUE TO EXTERNAL VIOLENCE +	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
MEDICAL OR CORONER'S CERTIFICATION 5	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT 1:30 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Frank S. Bueler		23B. ADDRESS Showlow Ariz.		23C. DATE SIGNED May 25 54	
FUNERAL DIRECTOR AND REGISTRAR 138	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE May 5, 1954		24C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona		25A. DATE REC'D BY LOCAL REG. 5/10/54		25B. REGISTRAR'S SIGNATURE Adele Whipple	
25C. FUNERAL DIRECTOR'S SIGNATURE Frank S. Bueler		25D. ADDRESS Chandler, Ariz.		25E. EMBALMER'S SIGNATURE Felix R. Adams		25F. CERT. NO. 290A